Case 05-10555-TPA Doc 174 Filed 09/22/08 Entered 09/22/08 15:24:26 Desc Main

Document Page 1 of 1 B10 (Official Form 10) (12/07) UNITED STATES BANKRUPTCY COURT Western DISTRICT OF PROOF OF CLAIM Pennsylvania Case Number: Name of Debtor: Lvnn, Travis A. 08-11437-WWB NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuanted 11 USC. \$ 603. Name of Creditor (the person or other entity to whom the debtor owes money or property): ☐ Check this box to indicate that this claim amends a previously filed Name and address where notices should be sent: claim. 08 SEP 16 AM 11: 13 ACS Court Claim Number:\_\_\_\_ P.O. BOX 22724 (If known) LONG BEACH, CA 90801-5724 U.S. BANKRUPTCY Filed on: \_\_ Telephone number: COURT - ERIE (310) -513-2700 Name and address where payment should be sent (if different from above): ☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ☐ Check this box if you are the debtor Telephone number: or trustee in this case. 1. Amount of Claim as of Date Case Filed: \$29,846.43 5. Amount of Claim Entitled to priority under 11 U.S.C. §507(a). If If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete any protion of your claim falls in one of the following categories, check the box and state the If all or part of your claim is entitled to priority, complete item 5. amount. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized Specify the priority of the claim. statement of interest or charges. ☐ Domestic support obligations under 2. Basis for Claim: Student Loaned 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). (See instruction # 2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: 7777 ☐ Wages, salaries, or commissions (up to \$10,950\*) earned within 180 days 3a. Debtor may have scheduled account as: before filing of the bankruptcy (See instruction #3a on reverse side.) petition or cessation of the debtor's 4. Secured Claim (See instruction #4 on reverse side.) business, whichever is earlier - 11 Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested U.S.C. §507 (a)(4). information. Contributions to an employee benefit Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other plan - 11 U.S.C. §507 (a)(5). Describe: ☐ Up to \$2,425\* of deposits toward Value of Property: S Annual Interest Rate % purchase, lease, or rental of property or services for personal, family, or Amount of arrearage and other charges as of time case filed included in secured claim, household use - 11 U.S.C. §507 Basis for perfection: ☐ Tax or penalties owed to Amount Unsecured: \$ \$29,846.43 Amount of Secured Claim: \$ governmental units - 11 U.S.C. §507 (a)(8).6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. ☐ Other - Specify applicable paragraph 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase off 11 U.S.C. §507 (a)(\_). orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of Amount entitled to priority: a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER **SCANNING** \* Amount are subject to adjustment on 04/01/10 and every 3 years thereafter with If the documents are not available, please explain. respect to cases commenced on or after the date of adjustment. FOR COURT USE ONLY Date: Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attached copy of power of attorney, if any.

Tiesha Anderson
Default Representative

9/8/2008